

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE MATTER OF THE ESTATE OF

**Special Administration -  
Petition**

Case No. \_\_\_\_\_

**UNDER OATH, I STATE THAT:**

1. The decedent, whose date of birth was \_\_\_\_\_, and date of death was \_\_\_\_\_, died domiciled in \_\_\_\_\_ County, State of \_\_\_\_\_, with a post office address of: \_\_\_\_\_.
2. I am interested as \_\_\_\_\_  
(Relationship to Decedent)
3. The decedent:  
☐ did ☐ did not receive Medical Assistance/Medicaid.  
☐ did ☐ did not receive Family Care and/or Partnership benefits (through a Managed Care Organization – MCO/CMO).  
☐ did ☐ did not receive benefits from the Community Options Program (COP).  
☐ did ☐ did not receive benefits from Wisconsin Chronic Disease Program.  
☐ was ☐ was not a patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county.

Explain: \_\_\_\_\_

4. If the decedent was ever married, complete the following: ☐ If more than one spouse, **see attached**.  
Name of spouse (☐ living or ☐ deceased): \_\_\_\_\_  
☐ Married to decedent ☐ Divorced from decedent at time of decedent's death.  
The spouse ☐ did ☐ did not receive benefits from the Community Options Program (COP).  
The spouse ☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.
5. It is necessary to appoint a special administrator because:

I ask that letters of special administration be issued to: \_\_\_\_\_, post office address \_\_\_\_\_,

☐ with all the general powers, duties and liabilities as personal representative

☐ except: \_\_\_\_\_

☐ with only these specific powers: \_\_\_\_\_

Subscribed and sworn to before me

on \_\_\_\_\_

Notary Public/Court Official

My commission expires: \_\_\_\_\_

Signature of Petitioner

Name Printed or Typed

Address

Telephone Number

Name of Attorney

Address

Telephone Number

Bar Number